RESEARCH HIGHLIGHTS

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APPLICABILITY OF A CONTINUUM OF CARE MODEL TO ADDRESS HOMELESSNESS

Introduction

This report presents the results of a study undertaken in 2001 that examined the Continuum of Care (CoC) model for addressing homelessness in the United States. The Continuum of Care model requires each community to develop a coordinated action plan in order to receive funding from the U.S. Department of Housing and Urban Development (HUD) for local homelessness initiatives. To assess the model's applicability to Canada, the researchers presented the case study findings to Canadian stakeholders specializing in homeless issues.

What is the Continuum of Care model?

The Continuum of Care in the United States is a coordinated network of public and private homeless assistance providers serving a geographic area. Under the CoC model, HUD awards funds to each community to allocate to its local service providers. Local planning bodies decide which agencies in their jurisdictions should be funded and the amount each should receive based on demonstrated needs in the community. Local agencies serving the homeless must cooperate by submitting a single consolidated application.

The fundamental components of the CoC model are:

1. outreach, intake, assessment and referral services to identify an individual's or family's service and housing needs and link them to appropriate housing and/or service resources;
2. emergency shelters with appropriate supportive services to help ensure that homeless individuals and families receive adequate emergency shelter and referral to necessary service providers or housing finders;
3. transitional housing with appropriate supportive services to help people develop the skills necessary for permanent housing and independent living; and
4. permanent supportive housing which is long-term, community-based housing that has services for homeless people with disabilities and enables special needs populations to live as independently as possible in a permanent setting.

Methodology

Four sites in the United States were studied to explore the model's benefits, limitations and local variations:

- Broward County, Florida
- King County (Seattle), Washington
- Memphis, Tennessee
- Philadelphia, Pennsylvania

The case studies were conducted using secondary data collection methods including interviews, document reviews and self-administered questionnaires. It was not within the scope of this research to conduct site visits.

The second phase of the research involved a survey of Canadian stakeholders to examine the applicability of the CoC homelessness service model for Canada based on the findings of the case studies and the stakeholders' knowledge of the Canadian environment. An examination of the homelessness policy framework in Canada was not part of the research.

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Findings

What the case studies revealed about the HUD CoC model

The case studies revealed that all the sites had a well-established planning process in place and all included some variation of the four fundamental CoC components, although there were local differences in the implementation of these components.

While all sites served similar sub-populations of homeless people, they had different priorities. However, people with mental illness and drug or alcohol addictions were a high priority at all the sites. There were also specialized service systems within the CoC for sub-populations such as families with children, individuals with HIV/AIDS, and veterans.

Computerized client tracking systems were still emerging and continued to be a challenge, but all the sites were working on the implementation of system-wide client and resource-based databases.

There has been uneven progress towards the monitoring of performance outcomes; only one site had clearly defined indicators at the time of the study.

Strengths

According to key informants at each site, the CoC model offers many strengths:

- it has been a significant source of new funding to communities;
- it has resulted in more permanent supportive housing in CoC sites;
- it has increased coordination and collaboration among agencies;
- the community's needs and priorities drive the CoC;
- being part of a CoC builds awareness of the needs and resources available in a community;
- it is long range and strategic in its direction;
- it is based on community strengths and limitations; and
- the model encourages proactive solutions such as an action plan for the prevention of homelessness.

Challenges

The challenges within the CoC model were also identified. These included:

- a lengthy and intensive planning process (6-8 months of research and community consultation) leading up to the application, combined with a lack of HUD funding for planning or coordination,
- limited flexibility to move resources between funded projects in order to meet changing community conditions,
- the linking of housing to support services, and
- the lack of a standard system-wide computer data base, which impedes full coordination of services.

Further challenges existed in the environment outside the CoC itself. Key informants noted that:

- the US mental health system was fragmented, underfunded and dysfunctional,
- there was insufficient funding for social services,
- there was a critical lack of permanent housing, and
- there were insufficient resources or proven approaches to effectively serve homeless people who had dual or multiple diagnoses.

The Applicability of the CoC model for Canada

Seventeen individuals working in the area of homelessness provided their opinion regarding the applicability of the American CoC model for Canada, based on the case studies and the draft overview document.

The general consensus among the Canadian stakeholders was that the CoC has many elements that could work in Canada, and that the model has some transferable principles and processes. At the same time there are differences between the United States and Canada that would need to be taken into account when considering the applicability of the CoC model for Canada. While it was not within the scope of this research to examine the Canadian policy framework for homelessness, stakeholders did raise some general issues regarding the transferability of the model.

Strengths and limitations of the American CoC model

Canadian stakeholders agreed with their American counterparts at the four sites studied regarding the generic strengths of the CoC model:

- the requirement for collaborative planning,
- the competitive application process,
- the focus on integrated services,
- the attention to the needs of specific homeless subgroups, and
- the acknowledgment of the importance of support services to enable homeless persons to move along the service spectrum.

Canadian stakeholders also agreed with their American counterparts that there were a few key weaknesses or limitations in the CoC model:

- the lack of resources for planning,
- the burden of the application process on front line agencies, and
- the lack of a long term permanent affordable housing component.

Potential opportunities and challenges

According to Canadian stakeholders, the following elements are currently not consistently available in Canada's array of programs for the homeless, but would be valuable components of a Canadian CoC model:

- the requirement for local co-coordinated action plans,
- formal recognition and sharing of best practices,
- outcome evaluations that could inform decision-making, and
- the development of a national standardized individual tracking and statistics-gathering tool for the purpose of evaluation.

According to Canadian stakeholders, the following features of the American CoC experience would also present challenges here in Canada:

- local health and social services can still be in silos and resistant to integration,
- it is a slow process to develop the formalized agreements that are necessary for linking services into a continuum,
- a big city approach is not appropriate for smaller or rural communities, and
- the focus on systemic causes of homelessness (such as poverty) can get lost in the need to attend to symptoms and individual response.

Community involvement would be essential to the implementation of the CoC model in Canada, with particular attention to the following issues:

- Planning must be collaborative and include all local players.
- Consumers should be involved in developing service plans.
- Communities vary in their ability to gain local political or private sector buy-in.
- Local philanthropic traditions vary among communities.

Existing initiatives, programs and policies that would facilitate the CoC

When asked what existing initiatives, programs and policies would facilitate the CoC model in Canada, most stakeholders pointed to the federal Supporting Communities Partnership Initiative (SCPI) program. Municipal respondents report that there are already local steering committees and planning groups in place and that these would serve as a natural stepping stone. However, currently there are jurisdictional issues among all three levels of government pertaining to the delivery of health, housing and social services that would hinder the development of a CoC.

Conclusions

Stakeholders gave the following general advice about the implementation of a CoC model in Canada:

- Encourage all levels of government to work toward the same goal through a common housing and homelessness strategy.
- Make sure the approach is not too "top down" and allows for local differences.
- Ensure that the application process is not too onerous for agencies.
- Support the planning process at the local level through the provision of resources and necessary technical expertise.
- Conduct follow up research and evaluation to determine and share best practices.

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Research Report: *Applicability of a Continuum of Care Model to Address Homelessness*

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Housing Research at CMHC

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